

**REQUIRED FOR APPLICATION B APPROVAL**  
Producer Diversification

**SUBSTITUTE W-9 FORM**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

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**1. Please complete general information:**

Taxpayer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Reimbursement check will be mailed to this address.*

**2. Circle the most appropriate category below: (please circle only one)**

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
  - a. Revocable savings trust (grantor is also trustee)
  - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)  
**OR** Limited Liability Company (LLC) formed as a Disregarded Entity
- 7) A valid trust, estate, or pension trust
- 8) Corporation **OR** Limited Liability Company (LLC) formed as a Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization  
**(for entities that are exempt from federal tax, use category 13 below)**
- 10) Partnership **OR** Limited Liability Company (LLC) formed as a Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government Agencies and organizations which are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

**3. Fill in your taxpayer identification number below: (please complete only one)**

- 1) If you circled number 1-5 above, fill in your Social Security Number.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

\_\_\_\_\_ - \_\_\_\_\_

**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Producer Diversification

## 2013 Cost Share Application – Application B

Office Use Only  
Date Received

### 1. APPLICANT INFORMATION

Taxpayer ID Information List only one number		Social Security Number (XXX-XX-XXXX)		or	Federal Tax ID# (XX-XXXXXXX)	
Last Name		First Name		Middle Name		Title <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> JR <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> SR
Street		City		ST	Zip Code	County
Address Type						
Mailing				TN		
Residential				TN		
Home Phone		Cell Phone		E-mail		
I would like to receive TAEP updates and information by text using my cell phone number.						<input type="checkbox"/> No <input type="checkbox"/> Yes

### 2. FARM/PREMISES INFORMATION

Farm Street Address		Farm City		ST	Zip Code	Farm County
				TN		
Premises Account #		Premises ID #		Property Ownership	<input type="checkbox"/> Lease <input type="checkbox"/> Owned - Applicant/Family	
<ul style="list-style-type: none"> <li>❖ TDA Premises Registration is required if applicant has livestock on their operation.</li> <li>❖ Applicant name must match contact name (primary or alternate) listed on premises account to be eligible.</li> <li>❖ Farm address must match address registered for Premises ID # listed.</li> <li>❖ If applicant does not have livestock on their operation, list farm address and indicate property ownership only.</li> </ul>						

### 3. INDUSTRY SECTOR

Check primary sector that applies to your cost share request.		
<input type="checkbox"/> Agritourism	<input type="checkbox"/> Fruits & Vegetables	<input type="checkbox"/> Honey Bees
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Organics	<input type="checkbox"/> Value-Added Products

### 4. MASTER PRODUCER – Special Requirements for 50% Cost Share

<ul style="list-style-type: none"> <li>❖ Each industry sector has an opportunity to receive a 50% cost share.</li> <li>❖ Events or certifications that qualify are listed on page 17.</li> <li>❖ All events or certifications must have been completed from 2011-2014 and by the reimbursement deadline.</li> <li>❖ Attendance/certification must be completed by the applicant. No substitutions allowed.</li> </ul>		
<input type="checkbox"/> YES – I've completed the requirements for 50% <input type="checkbox"/> YES – I plan to complete the requirements for 50% <input type="checkbox"/> NO – Not interested		

### 5. APPLICATION PROPOSAL - continued on back

<ul style="list-style-type: none"> <li>❖ Complete application proposal questions listed on the reverse of this page.</li> <li>❖ Proposals must be typed in requested format and no longer than five pages in length, excluding cost quotes.</li> <li>❖ General instructions and proposal guide is available upon request.</li> </ul>		
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### 6. APPLICANT AGREEMENT

<ul style="list-style-type: none"> <li>• I certify that I am a citizen of the United States of America and/or lawfully present in the United States.</li> <li>• I certify that I am a resident of Tennessee and that I am at least 18 years old on application date.</li> <li>• I have reviewed and understand all of the guidelines listed in this application booklet.</li> <li>• I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.</li> <li>• I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.</li> <li>• I also understand that failure to utilize allocated funds can affect eligibility for future programs.</li> </ul>		
Print Applicant Name	Date	Applicant Signature

Application B general instructions are available online at [www.tn.gov/taep](http://www.tn.gov/taep) or from your local extension office.



## 5. APPLICATION PROPOSAL – continued from front

### 1) Briefly describe your agricultural operation.

- Industry sector (s)/type of business
- Years in business - (1) production agriculture and (2) other agribusiness (e.g. agritourism, garden center, etc.)
- Number of employees - full, part-time, seasonal
- Acreage in production
- Sales income from on-farm production agriculture – based on sales for the last 3 years (2010, 2011, 2012)
- Sales income from other products, services, and/or events – based on sales for the last 3 years (2010, 2011, 2012)
- Types of products produced – currently and previously
- Indicate any expansions or downsizing – past, present, future

### 2) If you have applied for TAEP cost share previously, list each cost share received in the format provided below.

Fiscal Year	Program	Project Description	\$ Allocated/\$ Paid
FY12-13	Producer Diversification	Greenhouse	\$ 5,600 / \$ 5,485

### 3) Describe your proposed cost share project(s).

- List each proposed project (e.g., greenhouse, retail shelter, sprayer, website)
- List projected increase in annual income generated for the next three years as a result of your project(s)
- Explain how each project will improve or expand your operation
- Indicate whether you had help in planning this project from a county extension agent, industry expert, specialized group or association. List key individuals and their titles.

### 4) Outline the steps and time line for completing your project(s) by program deadline of May 1, 2014.

### 5) Summarize your marketing plan for your diversified agricultural products.

- List how and where your products are or will be sold
- Specify marketing activities that are currently utilized in your operation (e.g., auctions/organized sales, brochures, e-commerce, print media, radio, signs, television, website, etc.)
- Competitive advantage (indicate what sets your product apart from your competitors)

### 6) Provide a detailed, line-item budget for each proposed project using the format presented below.

- Research all costs associated with project(s). List each item and its cost on a separate line. Provide the source of the cost quote with a phone number or attach a written cost estimate from the vendor, with complete contact information for the vendor.
- Written cost estimates are required if projects are: large scale (e.g., greenhouse, retail shelter, restrooms), include many components (e.g., irrigation system), or involve labor.
- LABOR:** In order to be eligible for cost share reimbursement, labor must be quoted and performed by a contractor. Labor is NOT eligible for reimbursement if performed by the applicant or their employees.
- The total amount of cost share requested cannot exceed the maximum of \$10,000 (35%) or \$15,000 (50%).

Follow sample budget format table below:

Item Description	Source of Cost Quote	Cost	Cost Share %	Request
Greenhouse (16 x 95)	JR Construction – see attached quote	\$7,800.00	50%	\$ 3,900.00
Sign – vinyl banner	FedExKinko's 615-771-7999	\$ 225.00	50%	\$ 112.50
Total Amount of Cost Share Requested:				\$4,012.50

## 7. HOW TO SUBMIT “APPLICATION B”

- ☐ Fill in all blanks and check appropriate boxes where requested.
- ☐ Attach application proposal and cost quotes.
- ☐ Attach Substitute W-9 form (page 20).
- ☐ NO FAXES OR EMAILS ACCEPTED - Applications are only accepted by mail or hand delivery.

**Mail to:** TN Dept. of Agriculture  
Attn: TAEP FY2013-B  
P.O. 40627  
Nashville, TN 37204

**Printed applications must be postmarked June 1 – 7, 2013 or hand delivered June 3 – 7, 2013.**  
Applicant will be notified in writing of approval or denial of application. Allow 10 weeks for processing.